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UNFPA – Funding commitments to UNFPA

UNITED NATIONS POPULATION FUND

**REPORT ON CONTRIBUTIONS BY MEMBER STATES AND OTHERS TO UNFPA
AND REVENUE PROJECTIONS FOR 2012 AND FUTURE YEARS**

Summary

The present report is prepared in response to Executive Board decisions 99/5 and 2000/9, which requested the Executive Director to provide annually updated estimates of regular and co-financing resources. In line with the UNFPA strategic plan, 2008-2013, the purpose of the present report is to promote dialogue between UNFPA and its Executive Board on the Fund's overall resource situation while continuing to address the important goal of increasing regular resources and achieving a stable, predictable and diversified resource base.

In 2011, UNFPA revenue for regular and co-financing resources was \$932.7 million, an increase of 7.6 per cent over 2010. The breakdown of the total revenue is \$484.0 million in regular resources (inclusive of interest and other revenue) and \$448.7 million in co-financing resources (inclusive of interest and other revenue). All 2011 financial data used in the present report are provisional and all 2012 data are estimates.

In line with the recommendations of General Assembly resolutions 62/208 and 64/289, UNFPA is steadfast in its belief that a stable base of regular resources is critical to enable UNFPA to support countries in implementing the Programme of Action of the International Conference on Population and Development and achieving the Millennium Development Goals. Furthermore, as underscored in resolutions 62/208 and 64/289, UNFPA recognizes that non-core (co-financing) resources represent an important supplement to the Fund's regular resource base.

The Executive Board may wish to adopt a decision on funding commitments to UNFPA. Elements for a decision are provided in the final section of the present report.



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I. INTRODUCTION

1. The present report is prepared in response to Executive Board decisions 99/5 and 2000/9, which requested the Executive Director to provide annually updated estimates of regular and co-financing resources. In line with the UNFPA strategic plan, 2008-2013,¹ the purpose of the present report is to promote dialogue between UNFPA and its Executive Board on the overall resource situation of the Fund, while continuing to address the important goal of increasing regular resources and achieving a stable, predictable and diversified resource base.

2. United Nations General Assembly resolutions 62/208 and 64/289 underscore, *inter alia*, that regular resources are the bedrock of the operational activities for development of the United Nations system. The resolutions also urge countries in a position to do so to substantially increase their voluntary contributions and, if possible, to contribute in the form of multi-year commitments in order to improve the predictability of resources. The resolutions recognize that non-core resources represent an important supplement to regular resources and also recognize the establishment of a number of multi-donor funding mechanisms. Such a trend is also becoming apparent in UNFPA. Meanwhile, UNFPA continues to advocate for the increase of its regular resources, as they afford neutrality, promote flexibility and enable the organization to respond more effectively to programming needs.

3. Given the continuing global economic slowdown, UNFPA is grateful to all Member States that support the UNFPA mandate that champions the health and rights of all, including the world's most impoverished and marginalized populations: women and the largest generation of adolescents and young people. World population has now surpassed the 7 billion mark and is expected to exceed 9 billion by mid-century. Evidence shows that population trends can be influenced through human-rights based policies. As underscored in the Programme of Action of the International Conference on Population and Development (ICPD), this requires ensuring universal access to reproductive health care, including family planning, investment in education, and the empowerment of women and youth. Together, these measures not only improve the quality of life, they also lead to higher levels of economic growth and poverty reduction and, by helping to address unmet needs for family planning and empowering women, reduce fertility and slow population growth. At the same time, these measures contribute to creating conditions for achieving a sustainable balance between populations and the environment.

4. The prevailing world economic and social climate has direct implications for the attainment of the ICPD goals and the Millennium Development Goals (MDGs), as well as for UNFPA-supported programmes. Development needs remain significant. It is becoming clear that realizing MDG 5 (reducing the maternal mortality ratio by three quarters, and achieving universal access to reproductive health care) appears to be in jeopardy. The slow progress in achieving this goal underscores the need for increased political commitment and greater

¹Through its decision 2009/16, the Executive Board extended the UNFPA strategic plan, 2008-2011, to 2013, including the integrated financial resources framework and the UNFPA global and regional programme.

investments in health systems, in particular, reproductive health services. At the same time, UNFPA has further prioritized its programming needs to better respond to the challenges as part of the revised strategic plan, 2008-2013. A growing body of evidence shows that funding for sexual and reproductive health (SRH) must be maintained and increased. An improvement in **women's reproductive health and rights plays a critical part in achieving women's empowerment and well-being**, and contributing to other social development indicators, all of which have a long-term positive impact on development and economic growth.

5. While it is commendable that the majority of the Fund's 21 top donors have either maintained or increased their 2011 regular contributions, it is of concern that six have substantially decreased their contributions. Preliminary indications for 2012 are that at least four of the key donors might scale back their contributions. Based on the most current projection, there will likely be a decline in regular contributions for 2012. Fortunately, other donors have indicated that they will maintain the same level or slightly increase the level of their contributions to regular resources.

6. Five multi-year agreements for the duration of 2008-2011 for regular resources from five major donors, constituting about 40 per cent of UNFPA projected revenue for 2011, have ended. The predictability of resources is essential for ensuring the sustainability of UNFPA programming, and UNFPA calls on its donors to make financial contributions in the form of multi-year commitments, when national legislative and budgetary provisions allow.

7. The present report contains tables on UNFPA regular and co-financing contributions. Additional data are provided in the annexes. The donor revenue figures are inclusive of exchange rate gains and losses. All 2011 financial data used in this report are provisional and 2012 data are estimates based on information received and commitments and contributions recorded as of 1 February 2012. Some of the figures in the present report may vary from those in the Statistical and financial review, 2011 (DP/FPA/2012/6, Part I, Add.1) as the present report on contributions (DP/FPA/2012/7) reports annual gross revenues and not refunds from prior years.

8. In compliance with the International Public Sector Accounting Standards (IPSAS), all contribution revenue is being recorded on an accrual basis. For co-financing, contribution revenue is recognized at the time a binding agreement exists between UNFPA and the contributing partner, unless there are reasons for deferral of such recognition. However, programme implementation is linked to the actual receipt of resources in accordance with UNFPA Financial Regulations and Rules. In moving forward, recognition of regular resources will be based on the programmable resources.

II. REGULAR AND CO-FINANCING RESOURCES

A. Contribution revenue overview of regular resources

Table 1: UNFPA revenue, 2008-2011, as of 31 December 2011
(in millions of \$)

	2008	2009	2010	2011
Regular	469.5	486.4	507.7	484.0
Co-financing	331.2	275.6	358.8	448.7
Total	800.7	762.0	866.5	932.7

Note: The data for 2008 to 2011 include contributions, interest and other revenue.

9. In 2011, UNFPA revenue for regular and co-financing resources was \$932.7 million (table 1), or an increase of 7.6 per cent over 2010. The breakdown of this total revenue is \$484.0 million in regular resources and \$448.7 million in co-financing resources. The regular resources revenue of \$484.0 million includes \$450.7 million in voluntary contributions, \$8.6 million in interest revenue and other revenue of \$24.7 million. Compared with 2010, the decrease in revenue for regular resources in 2011 was \$23.7 million, or 4.7 per cent.

10. The co-financing revenue of \$448.7 million in 2011 includes \$443.5 million in contributions, \$1.3 million in interest revenue and \$3.9 million in other revenue. The increase in revenue for co-financing in 2011 from the 2010 level of \$358.8 million was \$89.9 million, or approximately 25 per cent.

11. In accordance with the integrated financial resources framework of the current UNFPA strategic plan, the regular and co-financing resource requirements (for the original period of 2008-2011) amount to \$2.6 billion for four years. The annual contribution targets in the strategic plan have proved to be conservative, and UNFPA consistently surpassed them in 2008, 2009 and 2010. However, in 2011, regular contributions of \$450.7 million were below the strategic plan target of \$468 million by approximately 3.8 per cent, and co-financing contributions of \$443.5 million were above the strategic plan target of \$225 million by 97 per cent as of 31 December 2011. For 2012 and 2013, the strategic plan targets are \$500 million and \$520 million, respectively, for regular resources; and \$230 million and \$250 million, respectively, for co-financing resources. The projected contribution revenue, based on very early projections for 2012 and 2013, is \$448 million per annum for regular resources. As these projections, which are made on a monthly basis, depend on a number of factors, including exchange rate fluctuations and new indications from donors, they are likely to change.

12. UNFPA regular contributions in 2010 and 2011 were \$491.2 million and \$450.7 million respectively, indicating a decrease of \$40.4 million, i.e., 8.2 per cent in 2011. This was due to a number of decreases in regular contributions from major donors and the fluctuation of United Nations exchange rates. However, it should also be noted that due to improvements in the revenue recognition policy, in accordance with IPSAS, some multi-year agreements were recognized in 2010, while the availability of funds was tied to programmable resources. Henceforth, recognition for contributions to regular resources will be linked to the year in which the donor intends to contribute.

13. As of 1 February 2012, the projected regular contribution revenue from donor countries for 2012 is \$448 million, indicating a decrease of \$2.7 million from the 2011 level of \$450.7 million, using the February 2012 United Nations exchange rates. According to recent data, reductions of regular contributions for 2012 from the 2011 level have been announced by four of the top donors of the Fund. UNFPA will continue to advocate for the increase in contributions with members of the Organisation for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC), and non-DAC members, including programme countries. In mobilizing resources for its programmes, UNFPA will also continue to reach out to the private sector and foundations.

14. The revenue overview in table 1 is supplemented by annex 1, which provides detailed information on UNFPA 2011 provisional revenue as of 31 December 2011, actual commitments and the best estimates of contributions to UNFPA regular resources, and a list of donors for the year 2012, with data that was available as of 1 February 2012. These contribution commitments include the following: (a) commitments for 2012 only and multi-year commitments for 2012 and future years; (b) commitments for 2012 received during the United Nations pledging conference held on 8 November 2011 in New York; and (c) letters received and verbal indications from governments confirming support to UNFPA for the period 2012 and onwards.

15. The total number of donors to regular resources in 2011 was 145. Out of the 145 donor governments, 12 countries belonging to OECD/DAC and 11 programme countries increased their contributions in national currency terms (for those contributions received in national currency) and US dollar terms (for those contributions received in US dollars). As of 1 February 2012, 46 official commitments for 2012 had been received, of which 22 were multi-year commitments. These are listed in annex 2.

16. In 2011, Sweden, Netherlands, Norway, Finland, Denmark, United States of America, United Kingdom of Great Britain and Northern Ireland, Japan, Germany and Canada were the Fund's 10 largest donors in US dollar terms to regular resources. Donors that have increased their contributions are listed in table 2.

Table 2: Increases in contributions of major donors to UNFPA regular resources (2010-2011) as of 31 December 2011 (in millions)

Major Donors	Currency Used	2010	2011	Increases in %
Australia	AUD	8.0	10.5	31.3
Belgium	EUR	5.0	5.5	10.0
Finland	EUR	25.0	28.5	14.0
Germany	EUR	14.8	15.6	5.4
Ireland	EUR	3.0	3.1	3.3
Sweden	SEK	423.5	445.5	5.2

17. Further details on contributions from the Fund's top 10 donors to regular resources for the past five years are provided in annex 3.

18. Projections for 2012 regular contributions revenue include indications from the following major donors that have increased or will increase their respective contributions in 2012: Australia, Denmark, Finland, France, Germany, New Zealand and Switzerland. A number of major donors had submitted multi-year commitments that ended in 2011: Belgium, Ireland, Netherlands, Norway, and the United Kingdom of Great Britain and Northern Ireland. Of particular concern is the current volatility of exchange rates, which may result in a decrease in the US dollar equivalent for contributions which have not yet been received. Table 3 lists the projected increases in national currency terms in 2012 compared with the 2011 contribution levels.

Table 3: Projected increases in local currency contributions of major donors to UNFPA regular resources (2011-2012) as of 1 February 2012 (in millions)

Major Donors	Currency Used	2011	2012	Increases in %
Australia	AUD	10.5	14.0	33.3
Denmark	DKK	205.0	230.0	12.2
Finland	EUR	28.5	29.0	1.8
Germany	EUR	115.6	116.0	2.6
New Zealand	USD	4.6	5.0	8.7
Switzerland	CHF	144.0	144.7	5.0

B. Overview of co-financing contributions

19. Over the last decade, the co-financing contributions to UNFPA-supported thematic funds, projects and programmes have increased steadily in absolute terms. In the last few years, the

proportion of co-financing contributions of total (regular and co-financing contributions) revenue has remained relatively healthy: 37 per cent in 2009, 42 per cent in 2010 and 49 per cent in 2011. The total for co-financing contributions in 2011 was \$443.5 million. This represents an increase of 24.2 per cent over the \$357.2 million received in 2010 (see also table 4). Notable increases in co-financing contributions in 2011 from the 2010 level occurred in the thematic trust fund for reproductive health commodity security (RHCS), joint funding mechanisms, and the contribution from the European Commission. In the future, UNFPA foresees additional co-financing contributions from donor governments that will play a critically important role in supporting global initiatives and inter-agency partnerships advancing maternal health and family planning.

Table 4: Contributions to UNFPA co-financing resources (2010-2011)
as of 31 December 2011 (in millions of \$)

Donors	2010	Donors	2011
United Nations inter-organizational transfers*	93.0	United Kingdom of Great Britain and Northern Ireland	135.2
United Kingdom of Great Britain and Northern Ireland	69.6	United Nations inter-organizational transfers*	106.6
Netherlands	46.0	European Commission	40.5
Spain**	24.6	Netherlands	38.0
Sweden	15.8	Australia	25.8
Norway	15.8	Denmark	19.6
UNAIDS	14.4	Sweden	10.9
United States of America	10.6	France	7.7
Australia	10.4	Luxembourg	6.1
Others	57.0	Others	53.1
Total***	357.2	Total***	443.5

*Joint funding mechanisms including joint programmes and multi-donor trust fund plus bilateral transfers.

**Includes contribution from the Autonomous Community of Catalonia.

***With the inclusion of interest and other revenue, the total for 2010 is \$358.8 million and for 2011, it is \$448.7 million.

Co-financing contributions from United Nations inter-organizational transfers

20. Out of the total co-financing contribution revenue of \$443.5 million in 2011 (table 4), a total of \$106.6 million was United Nations inter-organizational transfers compared with \$93.0 million in 2010. The 2011 amount includes: \$33.8 million received from the UNDP Multi-Partner Trust Fund Office; \$16.9 from UNAIDS; \$10.3 million from the United Nations Central Emergency Response Fund (CERF); \$2.7 million from the United Nations Human Security Trust Fund established by Japan; and \$29.2 million for participation in joint programmes where agencies other than UNDP are acting as Administrative Agent and UNFPA was a participating United Nations organization for joint programmes. Annex 5 contains information on donor

contributions received in 2011 by UNFPA in its capacity as Administrative Agent for joint United Nations programmes.

21. Joint funding mechanisms are increasing in importance due to the proactive involvement of UNFPA in inter-agency coordination and collaboration in the context of the enhanced United Nations reform process. UNFPA foresees further growth of this type of funding due to the Fund's increased participation in inter-agency partnerships and initiatives.

Co-financing contributions from programme country governments

22. Co-financing from programme country governments in support of their own country programmes continued to form a solid part of the total revenue. In 2011, agreements amounting to \$18.6 million were signed compared with \$15.9 million in 2010, an increase of \$2.7 million (17 per cent). The 2011 contributions were from Algeria, Belize, Botswana, Colombia, Gabon, Georgia, Guatemala, Jamaica, Kazakhstan, Lebanon, Madagascar, Mexico, Mongolia, Morocco, Nigeria, Sao Tome and Principe, Sierra Leone, Syrian Arab Republic, Uruguay and Venezuela (Bolivarian Republic of). In 2010, the five largest contributions were received from Colombia (\$5.2 million), Uruguay (\$1.7 million), Côte d'Ivoire (\$1.6 million), Syrian Arab Republic (\$1.2 million) and Mexico (\$0.8 million). Details on the contributions are presented in annex 4 of this report. Although the preferred funding modality is regular resources, UNFPA calls on governments to also increase their co-financing contributions as an important supplement to the regular resource base.

European Commission

23. In 2011, co-financing contribution revenue from the European Commission totalled \$40.5 million and new European Commission contribution agreements were initiated in support of a national immigration survey in the Dominican Republic, a demographic and health survey in the Niger, a population census in Guinea and a project to support the Global Programme to Enhance RHCS.

C. Thematic funding

24. Thematic trust funds are pooled donor funds aimed at supporting the achievement of results in the framework of the UNFPA strategic plan, 2008-2013. They support the approved programmes in the focus areas of the Fund's work in priority countries with special needs and reinforce a coherent approach to align with national plans and budgets. The predictability of resources in the thematic funds creates a unique opportunity to scale up programming to help meet unmet needs. Thus far, UNFPA has established three thematic funds for: (a) RHCS; (b) maternal health; and (c) obstetric fistula.

25. Since 2009, to increase the effectiveness and efficiency of support to countries and to reduce administrative and transaction costs at all levels – country, regional and global – UNFPA has devoted considerable efforts to programmatically integrate the three thematic funds, while

maintaining separate resource mobilization streams. An interdivisional group worked towards an integrated country selection and support process across the thematic funds and ensured coordinated criteria for resource allocation. While being aligned with the extended duration of the strategic plan to 2013, the thematic funds allow for continuous adaptation to changing funding opportunities.

Thematic fund for reproductive health commodity security

26. UNFPA launched the Global Programme to Enhance RHCS in 2007 to catalyse national action to ensure access to a reliable supply of contraceptives, medicines and equipment for family planning, prevention of sexually transmitted infections, including HIV, and maternal health. In 2011, this thematic fund supported 45 countries to carry out the diverse and multifaceted work needed to improve procurement and logistics systems, and prevent stock-outs of contraceptives and essential drugs and medicines for maternal health. UNFPA developed the Global Programme with substantive inputs from key partners, including bilateral donors and others within the reproductive health supplies coalition. The approach of predictable, flexible, multi-year funding was specifically designed to replace the intermittent funding cycles of the past (i.e., ad hoc responses to avert stock-outs).

27. The Global Programme facilitates the mainstreaming of RHCS into national health systems, budgets and plans. The programme adheres to the principles of national ownership and aid effectiveness with national authorities defining and driving the strategies to improve RHCS. The efforts focus on ensuring the consistent and reliable supply of reproductive health commodities and on enhancing national systems and capacity to forecast, procure and distribute needed supplies.

28. The success of the Global Programme is measured at point of use by beneficiaries. The outcome indicators against which progress is monitored include the contraceptive prevalence rate (CPR) and unmet need for family planning. Overall, the programme is producing some impressive results, particularly in the 12 priority or "stream one" countries receiving the most comprehensive support. In many programme countries, stock-outs of critical supplies have been reduced; national policies and budget lines for reproductive health commodities are in place with national funds committed to commodities; computerized supply management functions with trained staff are also in place; and the number of couples using modern methods of contraception is increasing dramatically, helping to drive down unmet need.

29. Country examples include the Niger with a 10 per cent increase in CPR between 2006 and 2010, a no stock-out rate of contraceptives at service delivery points of 99 per cent in 2010 and a "good practice" approach (the husband schools) on reproductive health education programmes for men. Madagascar reported a drop in unmet need of 5 percentage points between 2004 and 2010 and an 11 per cent increase in CPR for the same period. Burkina Faso reported progress across key RHCS indicators with a focus on computer-based logistics management information system training to strengthen the national health system and multimedia campaigns that are fuelling greater demand for family planning. The Lao People's Democratic Republic and

Mongolia are making dramatic progress with community-based distribution. In Ethiopia, CPR has almost doubled from 15 per cent in 2005 to 29 per cent in 2011. Of special importance is the fact that while CPR among urban women increased only slightly in the last five years (47 per cent to 53 per cent), CPR has more than doubled for rural women (11 per cent to 23 per cent).

30. To finance this important work, UNFPA mobilized significant resources: to date, more than \$300 million has been committed. These funds have come from a number of partners, including the Governments of France, Luxembourg, Netherlands, Spain, and the United Kingdom of Great Britain and Northern Ireland in 2011. Co-financing contributions for the Global Programme amounted to \$100.3 million in 2010 and \$144.9 million in 2011, an increase of \$44.6 million as shown in table 5.

31. The Global Programme is making an important contribution to national efforts to help meet the international community's commitment to ensure universal access to reproductive health care by 2015 and to contribute to the achievement of the health-related MDGs 4, 5 and 6. However, even with the generous support from the partners mentioned, the needs in this area, particularly in relation to the increasing SRH needs of adolescents and youth, continue to outstrip the funds available.

Table 5: Co-financing contributions received for the thematic fund for reproductive health commodity security (2010-2011) as of 31 December 2011 (in millions of \$)

Donors	2010	Donors	2011
United Kingdom	54.4	United Kingdom	96.1
Netherlands	39.8	Netherlands	33.8
Luxembourg	0.5	Australia	10.9
Spain*	5.4	Denmark	3.6
France	0.2	Luxembourg	0.6
Private	0.001	Private	0.004
	100.3		144.9

*Spain paid the contribution (including from the Autonomous Community of Catalonia) in December 2010 for co-financing resources in the total amount of \$24.6 million, of which \$5.4 million was allocated for the thematic fund for RHCS. Notification of the distribution from Spain came in early January 2011.

Maternal health thematic fund

32. The maternal health thematic fund (MHTF), which became operational in mid-2008, aims at scaling up UNFPA and development partners' support to achieve MDG 5 on improving maternal health. In particular, MDG 5 is lagging behind, and with the target year 2015 rapidly approaching, the work to reduce maternal mortality by 75 per cent needs to be accelerated by all partners and programme countries. UNFPA has placed MDG 5 at the centre of its core business as reflected in the midterm review of the strategic plan, 2008-2013 (DP/FPA/2011/11).

33. At the country level, the MHTF contributes to the large joint effort by the United Nations Secretary-General's Global Strategy for Women's and Children's Health and the Health 4+(H4+) partnership (UNFPA, UNICEF, WHO, the World Bank and UNAIDS) to accelerate progress towards MDGs 4, 5 and 6. Since 2008, the MHTF has scaled up support to 31 priority countries for maternal health, including for midwifery, and to 42 countries for the Campaign to End Fistula.

34. Working with key partners, such as the International Confederation of Midwives (ICM), Jhpiego (originally known as the Johns Hopkins Program for International Education in Gynecology and Obstetrics), the International Federation of Gynecology and Obstetrics (FIGO) and United Nations agencies, UNFPA launched and supported a global programme on midwifery to ensure access to and uptake of midwifery skills and competencies for women around the world. Nearly 30 countries are receiving technical and financial support for midwifery education and training associations, and regulations. The first-ever report on the *State of the World's Midwifery* was presented in June 2011 at the 29th Triennial Congress of the ICM in Durban, South Africa. To date 27 needs assessments and gap analyses have been conducted and country action plans drawn up to strengthen midwifery capacities and policies. A landmark memorandum of understanding has been signed with Intel Corporation to strengthen through technologies the quality of training of the midwifery workforce with timely and accurate vital data registration, timely referrals, better diagnostics and treatment, and re-licensing.

35. With its partners, UNFPA conducted joint H4+ technical missions in priority countries such as Afghanistan, Democratic Republic of the Congo and Ethiopia. UNFPA, in collaboration with UNICEF and Columbia University's Averting Maternal Death and Disability Program, has been supporting the emergency obstetric and newborn care assessments to provide reliable baselines, data for planning for upgrades of services and for resource mobilization. Recently, 20 emergency obstetric and newborn care needs assessments have been undertaken and a global report on the state of the availability of emergency obstetric care services, gaps in relation to population dynamics and costing is being prepared for 2012.

36. A maternal deaths surveillance and response framework is being developed as a step towards an accountability framework for maternal mortality elimination. Since 2010, the MHTF has supported maternal health projects to improve real-time reporting of maternal deaths and stock-outs of commodities in Madagascar and Mali, with extension to Burkina Faso and Sierra Leone in 2012.

37. A midterm evaluation of the UNFPA contribution to the Campaign to End Fistula was launched in 2010, followed in 2011 by a thematic evaluation of UNFPA support in maternal health. These evaluations will inform the way forward in support of maternal health and will highlight the contribution of the MHTF to reducing maternal mortality and morbidity. The inception phase, desk phase and field phase of the 2011 evaluation have been completed and preliminary reports will be available by mid-2012.

38. Co-financing contributions received for the MHTF amounted to \$22.5 million in 2010 and \$11.3 million in 2011 (see table 6).

Table 6: Co-financing contributions received for the maternal health thematic fund, 2010-2011 as of 31 December 2011 (in millions of \$)

Donors	2010	Donors	2011
Spain*	8.2	Sweden	3.0
Sweden	7.3	Norway	2.8
Norway	2.5	Netherlands	2.4
Netherlands	2.4	Luxembourg	1.6
Luxembourg	1.5	Ireland	1.3
		United Kingdom of Great Britain and Northern Ireland	0.2
Austria	0.5	Private	0.01
Private	0.1		
	22.5		11.3

*Spain paid the contribution (including from the Autonomous Community of Catalonia) in December 2010 for co-financing resources in the total amount of \$24.6 million, of which \$8.2 million was allocated for the MHTF. Notification of the distribution from Spain came in early January 2011.

Thematic fund for obstetric fistula

39. Over the years, the Campaign to End Fistula has grown significantly in coverage, from 12 countries to 42 countries in sub-Saharan Africa, Asia and the Arab States regions. The Campaign now includes 64 partner agencies, 14 of which joined in the past 18 months. UNFPA has directly supported more than 20,000 women and girls to receive surgical fistula repairs. During 2011, UNFPA also worked with two Campaign partners, Direct Relief International and the Fistula Foundation, to initiate a global mapping exercise for fistula in 44 countries. This web-based map – the largest and most comprehensive map of available services for women living with obstetric fistula, which was launched in early 2012 -- will help secure a better understanding and raise awareness of fistula, including the service gaps, by compiling much needed data. UNFPA is also committed to reinforcing human resources and expertise for fistula at the global, regional and country levels. With FIGO and other partners, UNFPA helped finalize a clinical training manual for fistula surgeons (in French and English).

40. UNFPA developed a new three-year plan with a focus on national programming and sustainability (through national task forces for fistula), a gradual programmatic shift away from familiar fistula camps/campaigns to ongoing holistic fistula services integrated into hospitals, the prevention of new fistula in subsequent pregnancies of repaired cases, and appropriate care for inoperable/incurable cases. UNFPA, in partnership with the Johns Hopkins University Bloomberg School of Public Health, has embarked on a landmark fistula study to examine post-operative prognosis, improvement in the quality of life, social reintegration and the rehabilitation of fistula patients after surgical repair in treatment centres in six countries: Bangladesh, Benin,

Ethiopia, Niger, Nigeria and the United Republic of Tanzania. UNFPA has been supporting the use of technologies (such as M-PESA mobile banking technology in the United Republic of Tanzania) to facilitate money transfers to women with fistula to allow them to travel to treatment centres, and also for notification and reporting.

41. Since 2009, the operations of the fistula fund have been programmatically aligned with the MHTF to reduce transaction costs and increase sustainability. Fistula programming is fully integrated into MHTF activities, while leaving the option open to donors for separate funding for the Campaign to End Fistula. In 2011, the Campaign to End Fistula received approximately \$1.5 million in direct contributions from a number of partners listed in table 7. This amount of \$1.5 million is a decrease from \$3.2 million in co-financing contributions for obstetric fistula received in 2010.

Table 7: Co-financing contributions received for the Campaign to End Fistula (2010-2011) as of 31 December 2011 (in millions of \$)

Donors	2010	Donors	2011
Luxembourg	0.70	Luxembourg	0.70
Spain*	0.70	Zonta International	0.37
Virgin Unite	0.60	Virgin Unite	0.23
Americans for UNFPA - Johnson and Johnson	0.30	Iceland	0.07
Norway	0.30	Poland	0.04
Americans for UNFPA	0.20	Americans for UNFPA	0.03
Canada	0.20	Women's Missionary Society of the African Methodist Episcopal Church	0.03
Iceland	0.10	Private (online donation)	0.01
Zonta International	0.10		
Private (online donation)	0.01		
Individuals	0.002		
	3.2		1.5

*Spain paid the contribution (including from the Autonomous Community of Catalonia) in December 2010 for co-financing resources in the total amount of \$24.6 million, of which \$0.7 million was allocated for the Campaign to End Fistula. Notification of the distribution from Spain came in early January 2011.

D. Contributions to UNFPA for emergency preparedness and humanitarian response

42. In 2011, co-financing resources continued to represent a crucial support to UNFPA efforts to integrate the ICPD Programme of Action into emergency preparedness, humanitarian response, and transition and recovery programmes. In 2011, 42 countries and territories benefited from co-financing contributions from 18 donors (governments, private sector and United Nations entities). The total amount of co-financing funds that UNFPA received for humanitarian response was approximately \$40.4 million.

43. The Office for the Coordination of Humanitarian Affairs (OCHA) through its two main humanitarian funding modalities, i.e., CERF and the Common Humanitarian Fund (CHF), remained the main humanitarian donor to UNFPA with an amount of \$10.3 million from CERF and \$6.8 million from CHF constituting more than 40 per cent of the total humanitarian funding to UNFPA. Other top donors of humanitarian funding to UNFPA in 2011 were Denmark at \$4.8 million (12 per cent), Japan at \$4.5 million (11 per cent) and the United States of America at \$4.0 million (10 per cent).

44. UNFPA humanitarian funding decreased from \$46.5 million in 2010 to \$40.4 million in 2011. This represents approximately a 13 per cent decrease in humanitarian funding, part of which may be explained by the fact that in 2011, there was one major humanitarian emergency (drought in the Horn of Africa), whereas in 2010 UNFPA responded to mega disasters in two countries (the earthquake in Haiti and the floods in Pakistan).

45. The 2011 humanitarian contributions enabled UNFPA to implement 47 lifesaving programmes. Unlike 2010, when the Asia and the Pacific region received the highest funding, in 2011, the Africa region received 49 per cent (\$5.0 million) of CERF funding. This was due to increased funding to underfunded emergencies, especially in Zimbabwe. In the Latin America and the Caribbean region, most of the funding went into rapid response projects related to flooding.

46. Within UNFPA humanitarian response, reproductive health remained the most funded sector, with funding also directed to programmes addressing gender-based violence, as well as to joint-sector initiatives.

E. Contributions from the private sector

47. The total amount of co-financing contributions received from the private sector during 2011 was \$7.1 million compared with \$6.5 million in 2010. Of the 2011 amount, \$5.5 million was from foundations, \$1.1 million from corporations, \$0.4 million from non-governmental organizations/academia, \$0.06 million from Americans for UNFPA (now called Friends of UNFPA) and \$0.07 million from individuals. Although significant growth has been realized year after year, contributions from the private sector continue to represent only a small portion of UNFPA total co-financing contributions (1.6 per cent of 2011 co-financing contributions). A global funding target of \$8 million has been set for co-financing contributions from private sources for 2012.

48. Significant non-financial contributions were also received from private-sector partners in 2011, which provided considerable support to the UNFPA mandate. Several notable global partnerships were formed through the 7 Billion Actions campaign as well as additional new partners in support of maternal health. Collaborations that leverage a business partner's core competencies are increasingly common and UNFPA will continue to avail itself of such opportunities. One such example is the Fund's collaboration with Procter & Gamble, which

contributed in kind over 100,000 packages of sanitary napkins for UNFPA dignity kits distributed to women and girls impacted by the conflict in the Libyan Arab Jamahiriya.

49. Concrete steps were taken in 2011 to revise and strengthen the existing due diligence process at UNFPA to ensure that proposed corporate partners are clear of risk. The new process is more transparent, concise and thorough. Efforts were undertaken to build the capacity of country, regional and subregional offices to engage new private-sector partners and donors, including the development of new online tools, the conduct of a three-day training for the Eastern Europe and Central Asia regions, and the delivery of several webinars and headquarters presentations to inform staff of UNFPA policies and procedures for working with the private sector. A global survey was conducted to assess UNFPA staff knowledge, opinion and support for increased private-sector engagement. As a result of the survey, a better understanding was gained of existing country-level private-sector partnerships, and a case study library was created to support replication and lessons learned across the organization.

50. UNFPA continued to expand its engagement with key external advocates working to increase private-sector engagement with the United Nations at large. Working closely with the United Nations Global Compact Office, UNFPA is now a member of the Secretary-General's Global Compact LEAD task force on United Nations-business partnerships. In 2011, UNFPA jointly announced with the chief executive officer of Johnson & Johnson a \$4 million, four-year commitment from Johnson & Johnson to support human resources for health, the first-ever private-sector partnership with the H4+ (UNAIDS, UNFPA, UNICEF, World Bank, WHO and UN-Women), facilitated by UNFPA.

III. EFFORTS TO FURTHER DIVERSIFY THE FUNDING BASE

51. In an effort to further broaden and diversify the funding base, UNFPA has invested significant resources in developing strategic relationships with middle-income countries and emerging donors in all the regions.

52. Stronger advocacy and visibility efforts at country and regional levels are being promoted to enhance partnerships for financial and political support for implementing the ICPD Programme of Action. In this context, it must be underlined that sustainable partnerships are first and foremost created at country level.

53. The Fund's recently updated resource mobilization governance structure supports this focus and underlines the need for increased capacity-building at all levels, including at country and regional levels. Supported by the global and regional levels, a small number of country offices in each region have become the phase 1 engines for the Fund's enhanced resource mobilization efforts. Building on this experience and lessons learned, country-level resource mobilization efforts will gradually be scaled up in a larger number of countries.

54. In addition, the UNFPA focus on South-South and triangular cooperation is continuing to increase, as are the efforts to secure new contributions from programme countries for their

respective country programmes. These efforts are likely to translate into mainly additional co-financing resources.

55. In line with the revised management results framework of the strategic plan, 2008-2013, UNFPA will continue to work to diversify its resource base, including through targeted private-sector engagement. In support of this objective, in 2011, the Resource Mobilization Branch began groundwork to develop a private-sector partnership and resource mobilization strategy and, in tandem, an organization-wide private-sector policy. An external consulting team was retained to produce a private-sector framework that identified key prospects to advance new partnerships, and to develop communication and outreach tools to appeal to private-sector donors. The framework was completed in March 2012 and will form a major component of the larger strategy and policy currently under development to be completed in July 2012 with support from an interdivisional working group. The new strategy, if accompanied by incremental advances in human resource capacity at global and regional levels, is expected to yield increased funding. However, it should be recognized that private-sector entities prefer to earmark their contributions and/or provide non-financial contributions, and future revenue projections should be tempered accordingly.

56. A further shift towards co-financing resources will require an increased integration and alignment of budgeting processes of the regular and co-financing funding streams.

57. UNFPA will also continue prioritizing its resource mobilization efforts in line with the revised strategic plan, 2008-2013, and the renewed focus on fewer integrated priority areas. The Fund will also soon embark on the formulation of a new resource mobilization strategy that will be incorporated in the next strategic plan cycle, 2014-2017.

IV. CONCLUSION

58. In line with the recommendations of General Assembly resolutions 62/208 and 64/289, UNFPA is steadfast in its belief that a stable base of regular resources is critical to enable UNFPA to support countries in implementing the ICPD Programme of Action and achieving the MDGs. Regular resources are also essential for maintaining the universality, neutrality and multilateralism that characterize UNFPA efforts in carrying out its mandate as a trusted and valued partner, leveraging impact far beyond the modest resources it is able to provide. UNFPA regular resources decreased from \$507.7 million in 2010 to \$484 million in 2011.

59. Co-financing contributions increased from \$357.2 in 2010 to \$443.5 million in 2011. As stated in General Assembly resolution 62/208, the growth of extrabudgetary funding and of the number of associated projects carries a risk of increased transaction costs. UNFPA is mindful of this and seeks to maintain an even balance between regular and co-financing resources. In the last few years, the proportion of co-financing contributions of total (regular and co-financing contributions) revenue has remained in the 40 to 50 per cent range: 37 per cent in 2009, 42 per cent in 2010 and 49 per cent in 2011.

60. UNFPA values its close collaboration with the Executive Board and all Member States and appreciates their commitment, continued cooperation and unwavering support. It is in this spirit that UNFPA appeals to the Fund's donor family to support the multi-year funding format as urged in General Assembly resolution 62/208, and as supported in numerous Executive Board decisions. Such support is critical in ensuring predictable and sustainable funding to enable UNFPA to plan and deliver its multi-year programmes in support of countries. It is notable that 37 countries submitted multi-year commitments in 2011.

61. In view of the current global financial constraints, UNFPA appeals to the Executive Board and all members of the donor family of the Fund to maintain their financial support to UNFPA. A predictable cash flow is important for the effective and efficient management of UNFPA operations. It is in this context that UNFPA encourages all governments, particularly the major donors, regarding the timely submission of their contribution commitments and payment schedules.

62. UNFPA recognizes the importance of widening its political support and financial base. The Fund is actively strengthening its strategic partnerships with middle-income countries and engaging with emerging economies and has developed a comprehensive private-sector engagement strategy. At all levels, UNFPA is working closely with programme countries to ensure that they continue to make voluntary contributions to the Fund and further increase co-financing contributions, including to their own country programmes. Economic growth, together with increasing political support for the ICPD Programme of Action and the post-2015 development agenda, present significant opportunities for UNFPA to expand strategic partnerships and resource mobilization in these countries.

V. ELEMENTS FOR A DECISION

63. The Executive Board may wish to:

(a) *Take note* of the report on contributions by Member States and others to UNFPA and revenue projections for 2012 and future years (DP/FPA/2012/7);

(b) *Commend* the efforts being made by UNFPA to broaden the funding base and mobilize additional resources and other forms of support from diversified sources, including from the private sector;

(c) *Emphasize* that regular resources are the bedrock of UNFPA and essential to maintaining the multilateral, neutral and universal nature of its work, and *encourage* UNFPA to further mobilize these resources while also continuing to mobilize supplementary resources for its thematic funds and programmes;

(d) *Encourage* all Member States to increase their core contributions and also *encourage* countries that are in a position to do so to make contributions by the first half of the year and to make multi-year pledges in order to ensure effective programming;

(e) *Encourage* all programme country governments to expand contributions to programmes in their own countries;

(f) *Encourage* all Member States to increase support for Millennium Development Goals 3, 4, 5 and 6 in order to accelerate results and enable the attainment of the targets by 2015;

(g) *Emphasize* that UNFPA needs strong political and increased financial support as well as predictable core funding in order to enhance its assistance to countries to fully integrate the agenda of the International Conference on Population and Development into national development strategies and frameworks and achieve the internationally agreed development goals.

**Annex 1: UNFPA contributions to regular resources for 2010 and 2011 (provisional)
and estimates for 2012
(by major donors and geographical regions)
as of 1 February 2012**

Countries/Territories	2010		2011 ^{2/}		2012 ^{2/}		
	Contributions		Contributions		Contributions/Estimates		
	Local Currency	US\$ Equiv.	Local Currency	US\$ Equiv.	Local Currency	UN Rate 1-Feb-12	US\$ Equiv.
Major Donors						For Balances Only	
Australia	8,000,000	7,311,852	10,500,000	10,388,205	14,000,000		14,861,000
Austria	1,300,000	1,826,639	600,000	824,176	1,000	0.763	1,311
Belgium	5,000,000	6,399,477	5,500,000	7,398,083	4,500,000	0.763	5,897,772
Canada	17,350,000	17,059,980	17,350,000	17,686,035	17,350,000	1.005	17,263,682
China		1,050,000		1,050,000			1,050,000
Denmark	205,000,000	37,124,230	205,000,000	37,484,001	230,000,000	5.675	40,528,634
Finland	25,000,000	33,738,192	28,500,000	40,498,291	29,000,000	0.763	38,007,864
France	1,700,000	2,294,197	500,000	714,286	400,000	0.763	524,246
Germany	14,800,000	19,498,937	15,600,000	21,972,498	16,000,000	0.763	20,969,856
Ireland	3,000,000	3,663,004	3,050,000	4,295,775	3,000,000	0.763	3,931,848
Italy	1,000,000	1,400,560	300,000	394,218	-		
Japan		25,438,946		25,438,946			25,438,946
Luxembourg	2,650,000	3,576,248	2,650,000	3,482,260	2,650,000	0.763	3,473,132
Netherlands (the)	54,538,000	73,600,540	42,538,000	59,912,676	42,538,000	0.763	55,750,983
New Zealand	6,000,000	4,423,800		4,573,775			5,038,175
Norway	332,000,000	54,133,377	332,000,000	55,742,109	332,000,000	5.860	56,655,290
Spain	16,000,000	21,419,009	12,000,000	16,000,000	10,000,000	0.763	13,106,160
Sweden	423,500,000	60,564,947	445,500,000	69,370,912	445,500,000	6.789	65,620,857
Switzerland ^{1/}	28,000,000	29,184,156			14,700,000	0.919	15,995,647
United Kingdom of Great Britain and Northern Ireland (the)	20,000,000	30,227,803	20,000,000	32,208,207	20,000,000	0.637	31,397,174
United States of America		51,400,000		37,000,000			30,500,000
Subtotal		485,335,894		446,434,453			446,012,577
Africa							
Angola				15,000			
Benin		4,000		4,000			4,000
Botswana		15,678		5,000			
Burkina Faso	4,000,000	8,799	4,000,000	8,013			
Burundi		781		769			
Cameroon	20,000,000	43,997	10,000,000	20,763	10,000,000	491.968	20,327
Cape Verde							
Central African Republic (the)				44,581			
Chad							
Comoros (the)		2,068					
Congo (the)	24,000,000	61,314	25,000,000	50,082	25,000,000	491.968	50,816
Côte d'Ivoire ^{3/}		10,000		20,319			
Democratic Republic of the Congo							
Equatorial Guinea ^{3/}		41,029		97,375			
Eritrea		2,000		4,000			2,000
Ethiopia			30,000	1,769			
Gabon	5,000,000	11,480		10,016			
Gambia (the)		44,199	300,000	10,714	300,000	28.000	10,714
Ghana		12,500		12,500			
Guinea		17,425					
Guinea-Bissau		1,000		1,000			1,000
Kenya		10,000	800,000	9,610			
Lesotho	22,900	3,053	20,000	2,656			
Liberia		10,000		10,000			10,000
Madagascar		2,500					
Malawi							
Mali	3,000,000	6,600	3,000,000	6,010	3,000,000	491.968	6,098
Mauritania	3,000,000	3,827	1,000,000	3,351			
Mauritius		3,226		3,454			
Mozambique							

Countries/Territories	2010		2011 ^{2/}		2012 ^{2/}		
	Contributions		Contributions		Contributions/Estimates		
	Local Currency	US\$ Equiv.	Local Currency	US\$ Equiv.	Local Currency	UN Rate 1-Feb-12	US\$ Equiv.
Major Donors						For Balances Only	
Namibia		1,000					
Niger (the)		5,000		10,000			
Nigeria ^{3/}		31,167		155,837			
Rwanda		2,500		500			500
Sao Tome and Principe	175,000,000	8,926	357,079,446	20,773			
Senegal							
Seychelles				3,100			
Sierra Leone	30,000,000	8,000	30,000,000	7,273	30,000,000	4350,000	6,897
South Africa	190,000	25,467	200,000	28,893	210,000	3,000	70,000
Swaziland		10,000		10,000			10,000
Togo			600,000	130,300			
Uganda		50,000		10,000			10,000
United Republic of Tanzania (the)	6,000,000	4,038	7,000,000	4,120	7,000,000	1699,000	4,120
Zambia		4,000		4,000			
Zimbabwe	30,000,000			20,000			
Subtotal		465,574		628,508			206,472
Asia and the Pacific							
Afghanistan		100		500			1,000
Bangladesh		25,000		27,918			28,000
Bhutan		5,950					
Brunei Darussalam							
Cambodia		4,164		8,264			
Cook Islands (the)		1,144		1,144	1,500	1,311	1,144
Democratic People's Rep. of Korea					1,000,000		
Fiji	5,000	2,632	8,449	3,804	8,000	1,850	4,324
India		495,962	25,716,700	495,028			500,000
Indonesia		72,715	350,000,000	40,721			44,793
Iran (Islamic Republic of)				60,000			
Kiribati				195			
Lao People's Democratic Republic (the)		500					
Malaysia		230,000		200,000			
Maldives		5,000		5,000			
Marshall Islands (the)		3,100					
Micronesia (Federated States of)		3,000					
Mongolia		4,000		1,500			4,000
Myanmar		235	200,000	253	200,000	791,000	253
Nauru							
Nepal	400,000	5,435		9,662			
Niue				39			
Pakistan		549,031		533,466			
Palau		500					
Papua New Guinea	10,000	3,891	10,000	4,808	10,000	2,080	4,808
Philippines (the)	3,000,000	55,093		20,000	1,500,000	43,740	34,294
Republic of Korea (the)		85,565		100,000			
Samoa		3,000		3,000			3,000
Singapore		5,000		5,000			5,000
Solomon Islands		1,000		1,000			
Sri Lanka		18,000		18,000			
Thailand		96,000		96,000			96,000
Timor-Leste		3,050		3,050			
Tokelau			8,449	4,828			
Tonga		200		100			100
Tuvalu		3,000		3,000			
Vanuatu		5,243					
Viet Nam		4,256		4,500			4,500
Subtotal		1,691,766		1,650,780			731,216

Countries/Territories	2010		2011 ^{2/}		2012 ^{2/}		
	Contributions		Contributions		Contributions/Estimates		
	Local Currency	US\$ Equiv.	Local Currency	US\$ Equiv.	Local Currency	UN Rate 1-Feb-12 For Balances Only	US\$ Equiv.
Major Donors							
Eastern Europe and Central Asia							
Albania				1,000			
Armenia		1,500		2,500			
Azerbaijan		5,000		5,078			
Belarus							
Bosnia and Herzegovina							
Bulgaria							
Croatia		25,000					
Cyprus		5,240		5,760			
Czech Republic (the)				20,000			
Estonia	25,564	73,324	30,000	40,928			
Georgia		2,500		3,500			
Hungary		40,000					
Kazakhstan		50,000		50,000			
Kyrgyzstan							
Latvia							
Lithuania							
Montenegro		300					
Poland				10,000			
Republic of Moldova				3,000			
Romania	33,869	10,651	29,992	10,201			
Russian Federation (the)		300,000		300,000			300,000
Serbia		-					
Slovakia	10,000	14,430		3,914			
Slovenia		43,011					
Tajikistan	900	205	900	189			
the former Yugoslav Republic of Macedonia		2,500		2,500			
Turkey		150,000		150,000			150,000
Turkmenistan							
Ukraine		1,000					
Uzbekistan		662	2,000,000	1,211			
Subtotal		725,323		609,781			450,000
Western Europe and other States							
Andorra		30,589		21,522			
Greece		10,000					
Iceland		100,000		171,592			
Israel		20,000		20,000			
Liechtenstein		23,789		21,164			21,164
Malta							
Monaco		20,035		20,035			
Portugal	250,000	360,750	250,000	363,372	15,000	0.763	19,659
San Marino							
Subtotal		565,163		617,685			40,823
Latin America and the Caribbean							
Antigua and Barbuda		1,000		1,000			
Argentina		2,000		2,500			
Bahamas (the)		1,000		1,000			1,000
Barbados		5,000		5,000			
Belize		2,500	5,000	2,500			
Bolivia (Plurinational State of)		94		1,000			
Brazil		50,000					
Chile		5,000		5,000			
Colombia		50,000		10,000			
Costa Rica		5,529	241,300,000	5,793			
Cuba		5,000		5,000			
Dominica		926					
Dominican Republic (the)		30,000		30,000			

Countries/Territories	2010		2011 ^{2/}		2012 ^{2/}		
	Contributions		Contributions		Contributions/Estimates		
	Local Currency	US\$ Equiv.	Local Currency	US\$ Equiv.	Local Currency	UN Rate 1-Feb-12 For Balances Only	US\$ Equiv.
Major Donors							
Ecuador		2,000		1,000			
El Salvador		-		1,000			
Grenada		100					
Guatemala		5,000		9,997			
Guyana		500		500			
Haiti		10,000					
Honduras		3,388	16,000	840			
Jamaica		1,000					
Mexico	1,015,872	79,241	1,183,220	100,785			
Nicaragua		2,000		2,000			
Panama		10,000		10,000			
Paraguay		1,068		500			
Peru					11,000		4,074
Saint Kitts and Nevis							
Saint Vincent and the Grenadines							
Suriname		2,000		100			100
Trinidad and Tobago		5,000		5,000			
Uruguay		3,000					
Venezuela (Bolivarian Republic of)							
Subtotal		282,346		200,515			5,174
Arab States							
Algeria		10,000					
Bahrain							
Djibouti				3,000			1,000
Egypt	650,000	118,397		10,000			
Iraq							
Jordan	35,450	50,071					
Kuwait		10,000		10,000			
Lebanon							10,000
Morocco		10,000					
Occupied Palestinian Territory		1,000					
Oman		40,000		10,000			10,000
Qatar		30,000		30,000			
Saudi Arabia		500,000		500,000			500,000
Sudan (the)							
Syrian Arab Republic		11,341	520,000	11,221			
Tunisia		18,518		16,447			
United Arab Emirates (the)				10,000			10,000
Yemen		25,000		30,000			
Subtotal		824,327		630,668			531,000
Adjustment prior years		(52,483)		(1,454,964)			
Total Government Commitments and Contributions		489,837,910		449,317,427			447,977,261
Private Contributions		95,900		91,025			
		102,381					
Total		198,281		91,025			
Government Local Office Costs		640,181		357,516			
Other		510,357		948,620			
Total Contributions - NET		491,186,729		450,714,588			
Interest income		10,126,374					
Other income		6,397,684					
Subtotal		16,524,058					
GRAND TOTAL		507,710,788		450,714,588			447,977,261

1/ Switzerland made a commitment for two years (2010-2011), however revenue was recognized in year 2010. Henceforth, revenue for regular resources will be linked to the same year in which the donor intends to contribute.

2/ Please note that the 2011 data is provisional and still subject to changes until the final year-end reconciliations. The 2012 data are estimates.

3/ For Côte d'Ivoire, Equatorial Guinea and Nigeria, payments received for years subsequent to 2011 have been recognized as 2011 contributions per new policy.

**Annex 2: Donors that submitted multi-year commitments to UNFPA regular resources
by year, 2010 to 2012
as of 1 February 2012**

Geographical region	2010	2011	2012
Africa	Benin Botswana Comoros Côte d'Ivoire Equatorial Guinea Eritrea Gambia Ghana Guinea Liberia Mali Mauritania Niger (the) Nigeria Rwanda Sierra Leone Swaziland Uganda Zambia Zimbabwe	Benin Botswana Cameroon Comoros Congo (the) Côte d'Ivoire Equatorial Guinea Eritrea Gambia Guinea Guinea-Bissau Liberia Mali Niger (the) Nigeria Rwanda Sierra Leone South Africa Uganda United Republic of Tanzania	Benin Botswana Comoros Côte d'Ivoire Equatorial Guinea Gambia Nigeria Rwanda Sierra Leone South Africa Uganda United Republic of Tanzania
Total	20	20	12
Arab States	Oman Syrian Arab Republic Yemen	Oman	Oman
Total	3	1	1
Asia and the Pacific	Australia Cook Islands (the) Fiji Marshall Islands (the) Micronesia (Federated States of) Papua New Guinea Solomon Islands Tonga Tuvalu Vanuatu	Australia Cook Islands (the) Fiji Maldives (the) Marshall Islands (the) Micronesia (Federated States of) Niue Papua New Guinea Philippines (the) Solomon Islands Tonga Vanuatu	Cook Islands (the) Papua New Guinea Philippines (the) Maldives (the) Solomon Islands Vanuatu
Total	10	12	6

Geographical region	2010	2011	2012
Eastern Europe and Central Asia	the former Yugoslav Republic of Macedonia Ukraine		
Total	2	0	0
Western Europe	Belgium Estonia Ireland Luxembourg Netherlands (the) Norway Switzerland United Kingdom of Great Britain and Northern Ireland (the)	Luxembourg	Luxembourg
Total	8	1	1
Latin American and the Caribbean	Antigua and Barbuda Argentina Bahamas Guyana Trinidad and Tobago Uruguay	Argentina Bahamas Suriname	Bahamas Suriname
Total	6	3	2
Total number of donors that contributed in the multi-year funding format	49	37	22

Annex 3: Top 10 major donors to UNFPA regular resources
for the period 2007 to 2011
(in millions of \$)

Year	Ranking									
	1	2	3	4	5	6	7	8	9	10
2007	Netherlands (the)	Sweden	Norway	United Kingdom of Great Britain and Northern Ireland (the)	Japan	Denmark	Germany	Finland	Spain	Canada
	\$60.0	\$60.7	\$38.7	\$40.3	\$33.3	\$32.6	\$25.3	\$20.6	\$13.9	\$12.8
2008	Netherlands (the)	Sweden	Denmark	Norway	United Kingdom of Great Britain and Northern Ireland (the)	Japan	Germany	Finland	Spain	Canada
	\$75.7	\$60.9	\$48.0	\$47.6	\$30.7	\$29.7	\$26.7	\$24.2	\$18.1	\$14.6
2009	Netherlands (the)	Sweden	Norway	United States of America (the)	Denmark	United Kingdom of Great Britain and Northern Ireland (the)	Japan	Finland	Germany	Spain
	\$80.9	\$59.0	\$48.0	\$46.1	\$39.5	\$34.5	\$30.1	\$27.9	\$25.3	\$20.7
2010	Netherlands (the)	Sweden	Norway	United States of America (the)	Denmark	Finland	United Kingdom of Great Britain and Northern Ireland (the)	Japan	Spain	Germany
	\$73.6	\$60.6	\$54.1	\$51.4	\$37.1	\$33.7	\$30.2	\$25.4	\$21.4	\$19.5
2011	Sweden	Netherlands (the)	Norway	Finland	Denmark	United States of America (the)	United Kingdom of Great Britain and Northern Ireland (the)	Japan	Germany	Canada
	\$69.3	\$60.0	\$55.7	\$40.5	\$37.5	\$37.0	\$32.2	\$25.4	\$22.0	\$17.7

Annex 4: Co-financing contributions from programme countries in support of their own country programmes (\$)

	Programme Countries	up to 2007	2008	2009	2010	2011*	Total
1	Algeria	461,214				310,455	771,669
2	Bahrain	60,000					60,000
3	Belize	-		48,997		49,843	98,840
4	Bolivia (Plurinational State of)	10,000					10,000
5	Botswana	450,769	96,308	81,081	89,153	81,522	798,833
6	Brazil	3,285,576	868,846	369,061	763,187		5,286,670
7	Cameroon	992,423	920,870		696,607		2,609,900
8	Central African Republic (the)	89,989					89,989
9	Chile	49,198					49,198
10	Colombia	4,496,116	2,727,963	5,554,575	5,247,276	5,508,600	23,534,530
11	Côte d'Ivoire	-	2,345,152		1,563,435		3,908,587
12	Dominican Republic (the)	133,234	177,114	340,064	376,286		1,026,698
13	Egypt	2,268,444	17,953		23,587		2,309,984
14	Equatorial Guinea	242,825		68,731	502,015		813,571
15	Gabon	164,527	106,691	161,070	103,316	90,147	625,751
16	Georgia	387,007	356,508	547,875	632,550	704,023	2,627,963
17	Guatemala	23,503,704		1,398,576		1,161,401	26,063,681
18	Jamaica	-	210,323	288,999	153,226	95,449	747,997
19	Kazakhstan	28,900				100,000	128,900
20	Lebanon	4,026,455	258,207	280,794	43,440	100,834	4,709,730
21	Liberia	30,000					30,000
22	Madagascar	-			112,420	65,132	177,552
23	Malaysia	800,000					800,000
24	Mexico	5,923,531	1,477,403	5,282,693	839,708	133,788	13,657,122
25	Mongolia	-				22,738	22,738
26	Morocco	2,671,870	1,110,341	945,595	649,722	568,502	5,946,030
27	Nigeria	1,667,455	851,142	1,189,288	736,196	1,016,344	5,460,425
28	Oman	473,059					473,059
29	Panama	148,721	209,910	65,000	401,471		825,102
30	Paraguay	1,106,257					1,106,257
31	Peru	60,717,646	4,418,758				65,136,404
32	Qatar	30,000			178,634		208,634
33	Romania	-	117,130				117,130
34	Saint Lucia	-	17,981				17,981
35	Sao Tome and Principe	97,609		32,733	5,769	67,896	204,007
36	Saudi Arabia	200,000					200,000
37	Sierra Leone	-	7,344,000			2,224,742	9,568,742
38	South Africa	64,612					64,612
39	Suriname	316,921					316,921
40	Syrian Arab Republic	5,149,621	1,933,939	1,848,254	1,179,498	1,087,796	11,199,098
41	Timor-Leste	23,000					23,000
42	Tunisia	354,424					354,424
43	Turks and Caicos	3,462					3,462
44	Ukraine	482,693					482,693
45	Uruguay	548,024	715,096	1,006,419	1,659,392	123,656	4,052,587
46	Venezuela (Bolivarian Republic of)	2,019,862				5,077,175	7,097,037
47	Yemen	732,357					732,357
Total		124,211,505	26,281,635	19,509,805	15,956,888	18,590,032	204,549,866

* Note: 2011 data are provisional.

**Annex 5: Funds received by UNFPA in 2011 as
Administrative Agent for joint United Nations
programmes**

Donor	Cash received (\$)
Canada	33,000,672
United Kingdom of Great Britain and Northern Ireland (the)	21,898,807
Norway	8,218,267
Sweden	2,856,129
European Commission	2,705,264
Italy	1,373,626
Luxembourg	412,088
UN-Women	322,743
Iceland	210,146
Switzerland	108,578
Grand Total	71,106,320